

## Alternative Practice Setting Experience for HHA Instructor Applicants

Applicants to become HHA course Instructors must meet federal and state qualification requirements. In some cases, applicants have difficulty documenting all applicable qualifications. Consideration may be given to experience in a (state-licensed) setting which demonstrates hospice nursing care (BHF Regulation Interpretation No. 03-1). At the request of the applicant, KDHE will review information submitted directly from employer(s). If it can be determined, based upon this documentation, that experience is substantially equivalent to the requirements specified in regulation, the applicant may be approved. (This information is in addition to the regular Instructor Application form which must also be submitted.)

### Instructor Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Employer Documentation Requirements

Two items of information are required to be submitted to Health Occupations Credentialing by an administrative or medical records representative: **(1) Practice Setting narrative report, (2) Checklist** (below). Please report information under **(1) Practice Setting separately in narrative format**. The narration should include objective data which supports or delineates the type of setting in which the applicant practiced.

- (1) Practice Setting. Identify the applicant, dates of employment, number of hours per week and estimated weeks employed (in total). **In your attached report**, please describe the following objectively, with supporting data for the time period the applicant was employed:
  - type of practice setting
  - patient/resident/client average census
  - frequency of and type of procedures related to home health care
- (2) Checklist. Verify, where applicable, information about the applicant's experience with caring for a population in the home, providing the types of care outlined on attached checklist (please mark and comment as appropriate).

**Return this page and completed "Practice Setting" report and "Alternate Setting Nursing Experience" to:**

HHA Instructor Approval  
Health Occupations Credentialing  
1000 SW Jackson, Suite 200  
Topeka KS 66612-1365

### Checklist/verifying documentation

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<b>Description of nursing or nursing related care at:</b>  Name of agency/city/state	<b>Applicant experience?</b> <b>Mark all-</b> <b>with Yes or</b> <b>No</b>	<b>Optional--</b> <b>additional</b> <b>specific</b> <b>information</b>
<b>Communication skills</b>		
<b>Observation, reporting and documentation of</b> patient status and the care or service furnished		
<b>Basic nursing skills which should include:</b> reading and recording temperature, pulse and respiration, recognizing abnormal changes in body functions		
<b>Adequate nutrition and fluid intake</b>		
Maintaining a <b>clean, safe and healthy environment</b>		
Recognizing <b>emergencies</b> and knowledge of <b>emergency procedures</b>		
Using appropriate and safe techniques in <b>personal hygiene and grooming</b> that include bathing; nail, skin and mouth care; toileting and elimination		
<b>Basic restorative services</b> which may include tasks such as training client in self-care to the clients' abilities, use of assistive devices (such as walkers, large-grip utensils, toilet seat risers, hand-rails), normal range of motion and positioning, safe transfer techniques and ambulation		
Caring for the <b>physical, emotional, and developmental needs</b> of the populations served by a home health agency, including respect for the patient, his/her privacy and his/her property		
Basic <b>infection control</b> procedures		

This form is in reference to employment of: \_\_\_\_\_ who has applied to KDHE to be an approved HHA course instructor. I have completed this form accurately and can substantiate this information if necessary: Instructor's phone number: \_\_\_\_\_

\_\_\_\_\_  
(Name of person completing form/title/date)

\_\_\_\_\_  
(Name of facility/agency)

\_\_\_\_\_  
(Phone number)

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KDHE REVIEWER: \_\_\_\_\_/date\_\_\_\_\_

' APPROVED

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NOT

APPROVED/COMMENTS: